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<div style="display: flex; align-items: center;"><div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">JCS18 U.S. PTO 09/373038 08/12/98</div><div style="text-align: center;"><div style="margin-top: 10px;">JCS18 U.S. PTO 09/373038 08/12/98</div></div><div style="margin-left: 10px;">UTILITY <b>PATENT APPLICATION TRANSMITTAL</b></div></div> <div style="margin-top: 10px; font-size: small;">New nonprovisional application under 37 CFR 1.53(b)</div>		Attorney Docket No. <b>98-26</b>	Total Pages <b>20</b>	
		First Named Inventor or Application Identifier		
		Bell et al.		
		Express Mail Label No. <b>EE096002249US</b>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Application Elements See MPEP chapter 600 concerning utility patent application contents.</div><div style="width: 55%;">ADDRESS TO: Assistant Commissioner for Patent Box Patent Application Washington, D.C. 20231</div></div>				
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> [Total Pages 1] (Submit an original, and a duplicate for fee processing)</p><p>2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages 13- including cover sheet] (preferred arrangement set forth below) -Descriptive title of the invention -Cross References to Related Applications -Statement Regarding Fed sponsored R&amp;D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p><p>3. <input checked="" type="checkbox"/> <b>Drawings(s)</b> (35 USC 113) [Total Sheets 3]</p><p>4. <input checked="" type="checkbox"/> <b>Oath or Declaration</b> [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting Inventor(s) named in the prior application See 37 CFR 1.63(d)(2) and 1.33(b).</p><p>5. <input type="checkbox"/> <b>Incorporation By Reference</b> useable if Box 4b is Checked) The entire disclosure of the prior Application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by references therein.</p></div><div style="width: 50%;"><p>6. <input type="checkbox"/> <b>Microfiche Computer Program</b> (Appendix)</p><p>7. <b>Nucleotide and/or Amino Acid Sequence Submission</b> (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p></div></div>				
<b>ACCOMPANY APPLICATION PARTS</b>				
<p>8. <input type="checkbox"/> <b>Assignment Papers</b> (cover sheet &amp; document(s)) [Total Pages ]</p> <p>9. <input type="checkbox"/> <b>37 CFR 3.73(b) Statement</b> (when there is an assignee <input type="checkbox"/> Power of Attorney)</p> <p>10. <input type="checkbox"/> <b>English Translation Document</b> (if applicable)</p> <p>11. <input type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> [Total Pages 2] <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> <b>Preliminary Amendment</b></p> <p>13. <input checked="" type="checkbox"/> <b>Return Receipt Postcard (MPEP 503)</b> (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> <b>Small Entity <input type="checkbox"/> Statement filed in prior application,</b> <b>Statement(s) <input type="checkbox"/> Status still proper and desired</b></p> <p>15. <input type="checkbox"/> <b>Certified Copy of Priority Document(s)</b></p> <p>16. <input type="checkbox"/> <b>Other:</b> _____</p>				
<p>17. If a CONTINUING APPLICATION, Check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____</p>				
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<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Customer Number or Bar Code Label</div><div>or <input checked="" type="checkbox"/> Correspondence address below</div></div> <p style="text-align: center;">(Insert Customer No. or Attach bar code label here)</p>				
NAME	Marc Lorelli			
ADDRESS	DaimlerChrysler Intellectual Capital Corporation CIMS 483-02-19			
	800 Chrysler Drive East			
CITY	Auburn Hills	STATE Michigan	ZIP CODE 48326-2757	
COUNTRY	United States	TELEPHONE (248) 576-5294	FAX (248) 576-7905	

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="margin: 5px 0;">Note: Effective October 1, 1997. Patent fees are subject to annual revision.</p>		*Complete If Known	
		Application Number	
		Filing Date	
		First Named Inventor <b>Larry W. Bell</b>	
		Group Art Unit	
Examiner Name			
TOTAL AMOUNT OF PAYMENT		(\$ ) <b>760.00</b> Attorney Docket No. <b>98-26</b>	

  

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <b>03-1800</b></p> <p>Account Name <b>DaimlerChrysler Intellectual Capital Corp.</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed:      <input type="checkbox"/> Check  <input type="checkbox"/> Money Order      <input type="checkbox"/> Other</p>	<p>3. ADDITIONAL FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lrg. Ent. Fee Code</th> <th style="text-align: left;">Ent. Fee (\$)</th> <th style="text-align: left;">Sm. Ent. Fee Code</th> <th style="text-align: left;">Ent. 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